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Qualifying Note: The Early and Periodic Screening, Diagnosis, and Treatment program is a separate Department of Health and Mental Hygiene program to which Family Investment case managers make referrals. Program information, including basic eligibility requirements, is provided here.

OVERVIEW

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is a Department of Health and Mental Hygiene (DHMH) program designed to provide regular checkups (required for children in TCA households) and follow-up treatment for people under 21 who receive Medical Assistance (MA)

REQUIREMENTS

- A. The case manager:
 1. Informs all EPSDT eligible households of the availability of the service for those under 21
 2. Provides assistance, upon request, with:
 - Arranging transportation to and from EPSDT covered medical services
 - Scheduling appointments for covered services
 3. Arranges for EPSDT participating health professionals to provide corrective treatment of any health problems found
- B. After a referral from the case manager, the EPSDT program's healthcare professionals provide full and partial screening services, using a set schedule to periodically:
 1. Identify physical, mental, or developmental problems or conditions
 2. Recommend a course of treatment
- C. EPSDT covers all medically necessary services needed to correct physical and mental problems identified during screenings and includes the following services:
 1. Dental
 2. Vision
 3. Hearing

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LIMITATIONS AND PREAUTHORIZATIONS

- A. There are no treatment or service limitations for individuals under 21 when medically necessary to correct or lessen health problems
- B. There is a limit of one EPSDT screen for each age interval, except when additional screening is deemed medically necessary by the healthcare professional performing the screening
- C. Orthodontic care is limited to individuals who:
 1. Score within a certain range on a widely accepted index for determining speech and eating problems, and
 2. Are determined to be dysfunctional
- D. Dental services are limited to an initial or periodic exam every 6 months, except when medically justified by a dentist
- E. Vision services, including examinations and eyeglasses or contact lenses, are limited to once a year, after EPSDT referral, except when deemed medically necessary by an eye care specialist
- F. Hearing assessment and services are limited to once a year, after EPSDT referral, unless time limitations are waived, and provide the following:
 1. One hearing aid per hearing evaluation
 2. Replacement of lost, stolen, or damaged hearing aids
 3. Annual purchase of batteries for customers with hearing aids
- G. DHMH pre-authorizes services if the provider can document that:
 1. EPSDT procedures were followed
 2. Program limitations were met
 3. The service was necessary and appropriate

ADDITIONAL INFORMATION

- Other Programs and Services — Medical Assistance
- Post Eligibility Benefits — Medical Assistance
- Medical Assistance Manual